

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/)



**APPLICATION FOR ADULT-ORIENTED BUSINESS LICENSE**

Business Name: _____		Type: _____
Physical Address: _____		
City: _____	State: _____	Zip: _____
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone Number: ( ) _____	Parcel Number: _____	

Applicant's Name: First: _____	Last: _____	Date of Birth: _____
Home Address: _____	City: _____	Zip: _____
Telephone No.: ( ) _____	Driver's License No.: _____	

Please list any partners involved in above-named adult-oriented business. Use additional sheet(s) if necessary.		
Business Partner's Name: First: _____	Last: _____	Date of Birth: _____
Street Address: _____	City: _____	Zip: _____
Telephone: ( ) _____	Driver's License No.: _____	

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**County Use Only**

**Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.**

<b>Building &amp; Safety</b> (909) 387-8311			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
<b>County Fire</b> (909) 386-8400			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
<b>Environmental Health</b> (909) 884-4056			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
<b>Planning</b> San Bernardino (909) 387-8311 Hesperia (760) 995-8140			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	

**CLERK OF THE BOARD OF SUPERVISORS**

Initial Application \$33.00	Date Received: _____	Accepted By: _____
Fee	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Initial License \$66.00	Date Received: _____	Accepted By: _____
Fee	Receipt #: _____	Deputy Clerk of the Board of Supervisors